STATE OF IDAHO BUREAU OF OCCUPATIONAL LICENSES 1109 Main Street, Suite 220

Boise, Idaho 83702-5642

VERIFICATION & CERTIFICATE OF COMPLIANCE

Pursuant to your profession's licensure laws and rules and the Board's request, please complete the certificate below and return it with your completed renewal form. Please maintain proof of attendance or official certification of the required continuing education as the Board may request documentation at a later date. Failure to provide documentation may result in action against your right to licensure.

| Course Title: | Dates: | Sponsoring Organization: | Course L | ocation: | Total hrs |
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| jurisdiction? 2. Received any type of disciplina | of guilt, withheld j | QUESTION your license have you: udgment, or suspended sentence for ion, or limitation from any regulator | [] YE y licensing agency | S []NO or organization | on in this |
| or any other jurisdiction? (if YES to eit | her above, a copy of | of the final order of conviction/discip | [] YE line must be attach | | |
| | | AFFIDAVIT | | | |
| continuing education outlined abo further certify that official certifie | ve as required by the documentation produced the | ponse to the above is true and cor ne Idaho laws and rules applicable to coving my attendance at the continuing ubmit said proof upon request may r | the profession for ng education outlin | which I am li led above is ir | censed. I |
| Signature | | Social Security # | Social Security # | | |
| Print Name | | License Number | er | | |